

RENAL BIOPSY—Clinical and Pathological Significance—Ciba Foundation Symposium—G. E. W. Wolstenholme, O.B.E., M.A., M.B., M.R.C.P., and Margaret P. Cameron, M.A., Editors for the Ciba Foundation. Little, Brown and Company, 34 Beacon Street, Boston, Mass. 395 pages, \$10.50.

In this symposium 29 pathologists and clinical investigators present papers and discuss at length what they have learned from a total experience of over 5,000 renal biopsies. The 13 papers deal electively with areas of active interest in renal pathology. Most of their contents having been published elsewhere, the papers serve as starting points for lively workshop discussions, and this is where most of the "pearls" can be found. The book is generously illustrated with black-and-white photomicrographs, and the index is very good.

Renal biopsy with its related techniques, electromicroscopy and enzyme studies, has expanded our basic knowledge and is raising the level of sophistication in the diagnosis of renal disease. Because of the extremely limited amount of tissue that can be so magnified (it takes one month of work to cover one square millimeter) electron microscopy will remain a research tool. Its value lies in teaching us to interpret light microscopy more accurately.

The disease most actively investigated has been the nephrotic syndrome which can be associated with a great variety of glomerular diseases. The clinical syndrome has been likened to congestive heart failure in relation to heart disease. In this area, the biopsy experience has established a trend to replace the term "chronic glomerulonephritis" with purely descriptive histological diagnoses: No glomerular disease by light microscopy but foot process fusion by electromicroscopy (synonym: lipoid nephrosis), proliferative glomerulonephritis, membranous glomerulonephritis. This is advantageous since it avoids the implication of a single etiology, poststreptococcal, for which there is no support. There also is some correlation between morphology and response to steroid treatment. Much work remains to be done to establish whether the various morphological types represent different entities, and which of them can be stages of the same disease. In quite a few patients with a wide variety of clinical presentations diseased glomeruli may coexist with normal ones: focal glomerulonephritis.

In pyelonephritis, correct classification continues to require considerable judgment. To start with, no single pathological feature of this disease is pathognomonic, perhaps with the exception of cell casts which are not common. In early pyelonephritis, the needle may miss the diseased areas; later, renal biopsy will always be representative but the degree of activity remains hard to judge. Cultures from the renal tissue quite frequently will show organisms different from those found in the urine. Pyelonephritis can present as acute anuria in which case the prognosis with dialysis is good, it can present as recurrent isolated gross hematuria, and it can occur with no proteinuria at all. Finally, it does not appear to be a common concomitant of the living diabetic.

There is fair agreement among these experts as to the major clinical indications of renal biopsy: choice of treatment in the nephrotic syndrome, acute anuria of obscure etiology, apparent chronic nephritis or persistent proteinuria, recurrent hematuria, choice of treatment in chronic infection. Injurious results have been exceedingly rare in the hands of responsible investigators but widespread use of this method is not advocated for reasons stated quite simply by the initiator of renal biopsy, Dr. Poul Iversen: "The renal biopsy technique and the judgment of the pathoanatomical changes are so difficult that the procedure and the judgment should only go on at places where there is expert knowledge."

In the opinion of the reviewer this statement applies to the readership this little book ought to reach: It is a must for all those pathologists and internists aspiring to expertise in interpreting renal biopsies if only to preserve their humility in the face of many unresolved questions. It is not recommended to the uninitiated since the amount of detail presented would tend to overwhelm him.

K. PETER POIRIER, M.D.

* * *

CLINICAL OBSTETRICS AND GYNECOLOGY—March 1962—A Quarterly Book Series—Volume 5, Number 1—The Newborn—Edited by Michael Newton, M.D., and Office Gynecology, Edited by Roger B. Scott, M.D. Published by Hoeber Medical Division of Harper & Brothers, 49 East 33rd Street, New York 16, N. Y., 1962. The series is published quarterly, \$18.00 a year (sold by subscription only). 320 pages.

The "Yellow Quarterly" is a journal in book form, which from its inception in 1958, has sought to provide a continuing source of authoritative information in the various phases of obstetrics and gynecology. Readers interested in either the newborn or in gynecology will find this a worthwhile volume containing a number of instructive contributions.

The first symposium in this issue commences with an authoritative summary by Burnard on current concepts of the newborn respiratory and cardiovascular physiology. An otherwise excellent presentation of the immediate care of the newborn is hampered by an inadequate discussion of resuscitation; although the author notes that this was the subject of a symposium which appeared two years previously. Chapters on hyperbilirubinemia, the respiratory-distress syndrome, infant feeding, perinatal mortality and the problem of staphylococcal disease are up-to-date, with current bibliographical references, and reflect current interest in these subjects. The reader is admonished not to miss the fascinating account by Jelliffe of the management of pregnancy, labor and the newborn among primitive peoples in the "underdeveloped" areas of the world. Jelliffe astutely appraises the effects of some of these practices on maternal welfare and child health. It is unfortunate that in this symposium a chapter could not have been devoted to the fetal hazards of maternally administered drugs, and of the relation of maternal to fetal disease.

The second symposium in this volume considers the diagnostic and therapeutic procedures which can be conducted in the gynecologist's office. The importance of cancer detection is evidenced by six articles on this subject, ranging from cytology and the pathologist; cytology and the clinician, cancer detection, Moore's article on cervical lesion, an essay on vulvar lesions by Woodruff, and Faulkner's pithy article on adnexal enlargement. The reader will be delighted with Dr. Henriksen's account of the "Witch Syndrome," premenstrual tension. Other chapters include discussion of the fern and Rubin test, pelvic and urinary tract infection, geriatric gynecology, and problems in the management of psychiatric illness. The subjects of infertility, dysfunctional uterine bleeding, hormonal therapy, leucorrhea and stress incontinence are regrettably not to be found in this presentation. The editor notes, however, that some of these topics have been covered in other recent symposia.

There are a few minor criticisms of this issue which in no way detract from its overall value. In several cases authors (e.g., Silverman) are referred to in the text without a bibliographic reference. A few of the photographs, as those on pp. 31, 34, 37 seem superfluous.

This symposium, however, well fulfills its purpose of providing for all interested in obstetrics and gynecology, a valuable source of authoritative information.

LAWRENCE D. LONGO, M.D.